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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/759,634
		Filing Date	January 16, 2004
		First Named Inventor	Daniel Richard Monroe
		Art Unit	2611
		Examiner Name	Juan A. Torres
Total Number of Pages in This Submission	26	Attorney Docket Number	42P11621C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Change of Correspondence Address, copies of cited references and postcard</div>
Remarks drawings include one annotated sheet and one replacement sheet		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	January 16, 2008

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Wendi Lou Rostan		
Signature	<i>Wendi Lou Rostan</i>	Date	January 16, 2008



FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Complete if Known

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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
410.00

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
41	40*	1	50.00
Independent Claims	6	0	210.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	25 Claims in excess of 20
1201	2201	105 independent claims in excess of 3
1203	2203	185 Multiple Dependent claim, if not paid
1204	2204	405 **Reissue independent claims over original patent
1205	2205	405 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)
50.00

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1051	2051	65 Surcharge - late filing fee or oath
1052	2052	25 Surcharge - late provisional filing fee or cover sheet.
2053	2053	130 Non-English specification
1251	2251	60 Extension for reply within first month
1252	2252	230 Extension for reply within second month
1253	2253	525 Extension for reply within third month
1254	2254	820 Extension for reply within fourth month
1255	2255	1,115 Extension for reply within fifth month
1401	2401	255 Notice of Appeal
1402	2402	255 Filing a brief in support of an appeal
1403	2403	515 Request for oral hearing
1451	2451	1,510 Petition to institute a public use proceeding
1460	2460	130 Petitions to the Commissioner
1807	1807	50 Processing fee under 37 CFR 1.17(q)
1806	1806	180 Submission of Information Disclosure Stmt
1809	1809	405 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	405 For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

Terminal Disclaimer

SUBTOTAL (2)

Fee Paid

(\$)
360.00

**or number previously paid, if greater, For Reissues, see below

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>	Date	01/16/08		